SERIAL NO. FILING DATE MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) APPLICANT(S) 10/009897 CLAIMS AFTER AFTER
1st AMENDMENT 2:65 AMENDMENT AS FILED IND. IND. DEP. IND. DEP. MD. DEP. IND. DEP. DEP. IND ô .0 .8 19. <u>:0</u> :3 :5 · 6 .9 ٥, iô ō TOTAL AL TOTAL DEP. TOTAL **医肥**. *MAY BE CLED FOR ADDITIONAL CLAIMS OR AMENDMENTS PARTMENT OF COMMERCE PARTMENT OF COMMERCE